

<i>SERFF Tracking Number:</i>	<i>ARBB-127649771</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>49866</i>
<i>Company Tracking Number:</i>	<i>23-2611 1/12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Amendment</i>		
<i>Project Name/Number:</i>	<i>Missing Teeth Amendment/23-2611 1/12</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Amendment

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: ARBB-127649771 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49866

Co Tr Num: 23-2611 1/12

State Status: FEES PAID

Reviewer(s): Rosalind Minor

Disposition Date: 09/26/2011

Authors: Christi Kittler, Yvonne
McNaughton, Frank Sewall, Rita
Thatcher, Evelyn Laney

Date Submitted: 09/23/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Missing Teeth Amendment

Project Number: 23-2611 1/12

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Arkansas is state
of domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 09/26/2011

State Status Changed: 09/26/2011

Created By: Evelyn Laney

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Evelyn Laney

Attached please find form 23-2611 1/12 your review and approval if indicated.

We are deleting "Missing Teeth" from the dental certificates. Therefore, it is being removed from the "Services Not Included" section of the dental certificates.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further

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certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the policies to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
 320 West Capitol, Ste 211 501-378-2165 [Phone]
 Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	09/23/2011	52076782

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/26/2011	09/26/2011

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Disposition

Disposition Date: 09/26/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2611 1/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/26/2011	23-2611 1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.400	23-2611 1-1- 12 Dental.pdf



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
DENTAL GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2611
Form Nos. 304, 305, 307, 309, 310**

DEFINITIONS, "Missing Teeth" is hereby deleted in its entirety. All remaining provisions are re-alphabetized to correlate with the change.

SERVICES NOT INCLUDED is hereby amended to delete the following. All remaining Subsections are hereby realphabetized to correlate with the change.

no benefits will be paid for replacement of teeth missing before the effective date of coverage. This is known as the missing tooth clause.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Dental Group Benefit Certificate. All other provisions remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/26/2011
Comments: See attached.		
Attachment: Flesch Certification Form 2611 1-12.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	09/26/2011
Bypass Reason: Not required.		
Comments:		



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
 Amendment No. 23-2611 1/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.4 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.



Name

Vice President

Title

September 23, 2011

Date